

Appendix 19b ▪ Psychological Functioning

Client Name				MSSP #	
Assessment Date				Staff Code	
	Evidence of Problem? (Circle)			Comments/Describe:	
Memory	None	Some	Severe		
Orientation	None	Some	Severe		
Judgment	None	Some	Severe		
Anxiety	None	Some	Severe		
Combative, Abusive, or Hostile Behavior	None	Some	Severe		
Depression	None	Some	Severe		
Delusions, Hallucinations	None	Some	Severe		
Paranoid Thinking, Suspiciousness	None	Some	Severe		
Wandering	None	Some	Severe		
Suicidal	None	Some	Severe		
Other	None	Some	Severe		
Adaptive/Coping Skills:					
Other notes (optional)					
Any indications observed of abuse, neglect, or exploitation?					
Comments/Describe:					
Who provided assessment information:					
How reliable is this source?					
Staff Signature/Date			Print Name		